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909 7590 06/03/2004

PILLSBURY WINTHROP, LLP  
P.O. BOX 10500  
MCLEAN, VA 22102

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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,428	12/06/2001	Philip Rodney Kwok	P 282771	9777

TITLE OF INVENTION: NASAL MASK CUSHION ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, AARON J	3743	128-206120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Nixon & Vanderhye P.C.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ResMed Limited

North Ryde, AUSTRALIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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- ☒ A check in the amount of the fee(s) is enclosed.
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(Authorized Signature)

Paul T. Bowen, Reg. No. 38,009

(Date)

Sept. 3, 2004

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